

Comprehensive Family and Cosmetic Dentistry

Ed de la Paz, D.M.D.

9710 North Armenia Ave. • Suite D

Tampa, FL 33612

(813) 930-8300 • Fax (813) 915-1501

Date: _____

Home Phone: _____ Preferred Contact

Cell Phone: _____

Work Phone: _____

E-Mail: _____

PATIENT INFORMATION

Name _____ Preferred Name _____
Last Name First Name Middle Initial

Street Address _____ City _____ State _____ Zip _____

Social Security # _____

Married Widowed Single

Sex M F Age _____ Birth date _____ Separated Divorced Minor

Occupation _____ Employed By _____

Employer Address _____ Employer Phone _____

Emergency Contact _____
Name Phone

How did you hear about Dr. de la Paz and his Staff? _____

ACCOUNT INFORMATION

Person responsible for Account _____
Last Name First Name Middle Initial

Relation to Patient _____ Birth date _____ Social Security # _____

Street Address (if different from patient's) _____

City _____ State _____ Zip _____ Phone _____

Occupation _____ Employed By _____

Employer Address _____ Employer Phone _____

APPOINTMENT INFORMATION

Person responsible for making appointments _____
First Name Last Name

Phone _____ Best day and time to call _____

I acknowledge that I received a copy of the *Office Appointment Policy* _____
Signature

Printed Name